County: Rock ST ELIZABETH'S NURSING HOME 502 ST LAWRENCE JANESVILLE 53545 JANESVILLE 53545 Phone: (608) 752-6709
Operated from 1/1 To 12/31 Days of Operation: 366
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/00): 43
Total Licensed Bed Capacity (12/31/00): 43
Number of Residents on 12/31/00: 43 Ownership: Highest Level License: Operate in Conjunction with CBRF? Title 18 (Medicare) Certified? Average Daily Census: Nonprofit Church-Related Skilled No Yes 43

*************	****	***********	*****	************	*******	***********	*******
Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/0	00) %				
Home Health Care Supp. Home Care-Personal Care Supp. Home Care-Household Services Day Services Respite Care Adult Day Care Adult Day Health Care Congregate Meals Home Delivered Meals	p. Home Care-Personal Care p. Home Care-Household Services Services pite Care lt Day Care lt Day Health Care No		0. 0 2. 3 0. 0 2. 3 2. 3 0. 0 2. 3	Age Groups Under 65 65 - 74 75 - 84 85 - 94 95 & Over	0. 0 4. 7 32. 6 44. 2 18. 6	Less Than 1 Year 1 - 4 Years More Than 4 Years  ***********************************	25. 6 37. 2 37. 2  100. 0 **********************************
Other Meals Transportation Referral Service Other Services Provide Day Programming for Mentally Ill Provide Day Programming for Developmentally Disabled	No No No No	Cardiovascular Cerebrovascular Diabetes Respiratory Other Medical Conditions	7. 0 34. 9 11. 6 11. 6 25. 6	65 & Over Sex Male Female	9. 3 90. 7 100. 0	RNs LPNs Nursing Assistants Aides & Orderlies	15. 8 3. 6 45. 1

## Method of Reimbursement

	Medicare (Title 18)			(	Medicaid (Title 19)			Other Priv			ri vate	vate Pay			d Care	Percent	
			Per Die	m	n Per Diem			Per Diem		m	Per Diem			Per Diem Total			Of All
Level of Care	No.	%	Rate	No.	%	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0%
Skilled Care	0	0.0	\$0.00	22	81.5	\$112. 10	0	0.0	\$0.00	6	37. 5	\$135.00	0	0.0	\$0.00	28	65. 1%
Intermedi ate				5	18. 5	\$90. 53	0	0.0	\$0.00	10	62. 5	\$128.00	0	0.0	\$0.00	15	34. 9%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj	. 0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Depender	it 0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	0	0.0		<b>27</b> 1	100.0		0	0.0		16	100.0		0	0.0		43	100.0%

Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00 Admissions, Discharges, and Deaths During Reporting Period % Needi ng Total Assistance of Activities of % Totally Percent Admissions from: Number of Private Home/No Home Health Daily Living (ADL) Independent One Or Two Staff Dependent 21.1 Resi dents Private Home/With Home Health 0.0 Bathi ng 0.0 69.8 30. 2 43 Other Nursing Homes 52.6 Dressi ng 4.7 67.4 27.9 43 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Transferring 20.9 48.8 10.5 30. 2 43 32.6 43 0.0 Toilet Use 4.7 62.8 37. 2 0.0 Eating 37. 2 44. 2 18.6 43 \*\*\*\*\*\* Other Locations 15.8 Total Number of Admissions Continence Special Treatments 19 Receiving Respiratory Care Receiving Tracheostomy Care Receiving Suctioning Receiving Ostomy Care Percent Discharges To: Indwelling Or External Catheter 7. 0 0.0 Private Home/No Home Health 16.7 Occ/Freq. Incontinent of Bladder 60. 5 0.0 Private Home/With Home Health 0.0 Occ/Freq. Incontinent of Bowel 34.9 2.3 Other Nursing Homes 5. 6 2.3 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Receiving Tube Feeding Receiving Mechanically Altered Diets 11. 1 Mobility 0.0 Physically Restrained 4.7 0.0 53. 5 0.0 Other Locations 5.6 Skin Care Other Resident Characteristics 2. 3 Deaths 61.1 With Pressure Sores Have Advance Directives 90.7 Total Number of Discharges With Rashes 11.6 Medi cati ons Receiving Psychoactive Drugs 48.8 (Including Deaths)

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

		-	-						
			ershi p:	Bed	Si ze:		ensure:		
	Thi s	Non	profit	Und	er 50	Ski l	lled	All Facilities	
	Facility		Group	Peer	_		Group		
	% " " " " " " " " " " " " " " " " " " "	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Potes Avenues Deily Consus/Licensed Pode	100. 0	87°. 8	1.14	$87^{\circ}$ . 9	1. 14	<b>84</b> . 1	1. 19	$8\overset{7}{4}.5$	1. 18
Occupancy Rate: Average Daily Census/Licensed Beds									
Current Residents from In-County	90. 7	<b>82</b> . 6	1. 10	72. 9	1. 24	83. 5	1. 09	77. 5	1. 17
Admissions from In-County, Still Residing	<b>52.</b> 6	25. 9	2. 03	31. 0	1. 70	22. 9	2. 30	21. 5	2. 45
Admissions/Average Daily Census	44. 2	116. 8	0. 38	70. 7	0. 62	134. 3	0. 33	124. 3	0. 36
Discharges/Average Daily Census	41. 9	117. 3	0. 36	76. 4	0. 55	135. 6	0. 31	126. 1	0. 33
Discharges To Private Residence/Average Daily Census	7. 0	43. 9	0. 16	14. 6	0. 48	53. 6	0. 13	49. 9	0. 14
Residents Receiving Skilled Care	65. 1	91. 3	0. 71	86. 1	0. 76	90. 1	0. 72	83. 3	0. 78
Residents Aged 65 and Older	100	97. 1	1.03	97. 8	1.02	92. 7	1. 08	87. 7	1. 14
Title 19 (Médicaid) Funded Residents	62. 8	<b>56.</b> 2	1. 12	<b>59.</b> 8	1.05	63. 5	0. 99	69. 0	0. 91
Private Pay Funded Residents	37. 2	37. 5	0. 99	37. 1	1.00	27. 0	1.38	22.6	1.65
Developmentally Disabled Residents	0. 0	0. 6	0.00	1.4	0.00	1. 3	0.00	7. 6	0.00
Mentally III Résidents	2. 3	36. 3	0.06	36. 6	0.06	37. 3	0.06	33. 3	0. 07
General Medical Service Residents	25. 6	21. 1	1. 21	13. 0	1.96	19. 2	1. 33	18. 4	1. 39
Impaired ADL (Mean)	58. 1	50.8	1. 14	50. 6	1. 15	49. 7	1. 17	49. 4	1. 18
Psychol ogi cal Problems	48. 8	<b>50.</b> 0	0. 98	63. 4	0. 77	50. 7	0. 96	50. 1	0. 98
Nursing Care Required (Mean)	9. 9	6.8	1.46	8. 0	1. 23	6. 4	1. 53	7. 2	1.38